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CONFIRMATION NO. 6598

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|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/696,108   | <b>FILING OR 371(c) DATE</b><br>10/29/2003<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1625   | <b>ATTORNEY DOCKET NO.</b><br>56200US041 |
| <b>APPLICANTS</b><br>Joseph F. Dellaria, Woodbury, MN;<br>John W. Mickelson, Mattawan, MI;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CON of 10/165,750 06/07/2002 PAT 6,677,348<br>which is a CIP of 10/013,202 12/06/2001 PAT 6,670,372<br>which claims benefit of 60/254,218 12/08/2000  |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/22/2004</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <input checked="" type="checkbox"/> Allowance<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>MN | <b>SHEETS DRAWING</b><br>0  | <b>TOTAL CLAIMS</b><br>8                 |
| <b>INDEPENDENT CLAIMS</b><br>7   |   |                               |   |  |
| <b>ADDRESS</b><br>32692  |   |                               |   |  |
| <b>TITLE</b><br>ARYL ETHER SUBSTITUTED IMIDAZOQUINOLINES   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>1414   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |